

**Agent Order Form For ILTCIP Materials**

**Please make check payable to Department of Insurance (DOI)**

**Send the check and this completed form to:**

**Indiana Department of Insurance  
Indiana Long Term Care Insurance Program  
311 W. Washington St., #300  
Indianapolis, Indiana 46204  
(317) 232-4391**

**Please print legibly.**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Please send me \_\_\_\_ of the ILTCIP Booklet at \$1.00 each,                      \$ Total \_\_\_\_\_**  
    **“What You Should Know About Long Term Care” is an easy-to-read**  
    **overview of ILTCIP and Long Term Care insurance. (7/11 edition)**

**Please send me \_\_\_\_ copies of the Agent Manual at \$7.00 each                      \$ Total \_\_\_\_\_**  
    **Contains ILTCIP, as well as regular LTC, regulations. (10/09 edition)**

**Please send me \_\_\_\_ “Nursing Home Resident with a Spouse at Home”                      \$ Total \_\_\_\_\_**  
    **brochure (07/11) at .05 each – Explains the spousal impoverishment**  
    **protection law.**

**Grand Total    \$ \_\_\_\_\_**